PTO/SB/06 (8-96)
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD OTHER THAN **CLAIMS AS FILED - PART I SMALL ENTITY** OR **SMALL ENTITY** (Column 2) (Column 1) **NUMBER EXTRA NUMBER FILED FEE FOR RATE** RATE FEE **BASIC FEE** s 395 OR (37 CFR 1.16(a)) TOTAL CLAIMS 0 0 _{x \$}11 20 minus 20 =OR x \$ (37 CFR 1.16(c)) INDEPENDENT CLAIMS 0 0 41 OR 3 minus 3 =-(37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR 395 OR TOTAL TOTAL * If the difference in column 1 is less then zero, enter "0" in column 2 // CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY OR SMALL ENTITY (Column 3) (Column 2) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING **PRESENT** NUMBER RATE TIONAL TIONAL RATE AND MINES **EXTRA AFTER PREVIOUSLY** FEE FEE AMENDMENT PAID FOR OR Total 35 Minus \$ 25 (37 CFR 1.16(c)) OR Independent 1 Minus 200 x 160 = OR (37 CFR 1.16(b)) (37 CFR 1.16(d)) 180 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR 360= TOTAL. TOTAL OR ADDIT. FEE ADDIT. FEE (Column 2) (Column 3) (Column 1) HIGHEST ADDI-ADDI-**CLAIMS** AMENDATENTA REMAINING PRESENT NUMBER **RATE** TIONAL TIONAL RATE AFTER PREVIOUSLY **EXTRA** FEE FEE AMENDMENT PAID FOR OR ** Total (37 CFR 1.16(c)) Minus OR *** Independent Minus OR (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADDIT. FEE ADDIT. FEE (Column 2) (Column 3) (Column 1) ADDI-ADDI-**CLAIMS** HIGHEST REMAINING NUMBER PRESENT RATE TIONAL TIONAL RATE AMENDMENT **PREVIOUSLY EXTRA AFTER** FEE **FEE** AMENDMENT PAID FOR OR Total Minus ĸ\$ (37 CFR 1.16(c)) OR Independent Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT, FEE ADDIT. FEE ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.